

WASHINGTON OPPORTUNITY GRANT PROGRAM APPLICATION 2013-2014

Please complete this form. We need to determine your eligibility for the Opportunity Grant. Please answer each question. Your information will be kept confidential. If you need help in completing this application, please contact the DigiPen Financial Aid Department.

Opportunity Grant Income Guidelines

Household Size	Annual Income
1	\$21,660.00
2	\$29,140.00
3	\$36,620.00
4	\$44,100.00
5	\$51,580.00
6	\$59,060.00
7	\$66,540.00
8	\$74,020.00

Documentation Required

Attach 2 pieces of documentation and check mark the ones that apply below:

- I possess a Washington State issued Driver's license or ID card issued one year prior to start of the semester for which application is made. (Copy of WDL/WID must be attached.)
- I have registered my motor vehicle, motor home and / or travel trailer in the State of Washington for one year prior to the start of the semester for which application is made. (Copy of vehicle registration must be attached.)
- I am a permanent full-time employee with the State of Washington for one year to the start of the semester for which application is made. (Employee verification must be attached.)
- I am, and have been, a registered voter in the State of Washington for one year to the start of the semester for which application is made. (Valid voter registration form attached.)
- I own, am purchasing, leasing, renting my primary residence in the State of Washington, and I have been doing so for one year prior to the start of the semester for which application is made (Supporting documentation must be attached.)
- I have maintained my checking account, savings account and / or safety deposit box in the State of Washington and have been doing so for one year prior to the start of the semester for which application is made. (Supporting documentation must be attached.)
- I have other evidence that support the fact that I am a resident of the State of Washington. Please describe:

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First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

Washington Resident Information

Permanent Address: _____

Washington Resident?

- Yes
- No

Program Eligibility

Are you a U.S. Citizen?

- Yes
- No

Are you a permanent resident?

- Yes
- No

Have you filled out a Free Application for Federal Student Aid (FAFSA)?

- Yes
- No

Are you or have you received federal financial aid for school such as Pell Grant or State-Need Grant?

- Yes
- No

Your family's monthly net income: _____

Household size reported (include yourself): _____

Household Members:

	<i>Name</i>	<i>Age</i>	<i>Relationship to you</i>
1			
2			
3			
4			
5			

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Educational History

Did you complete a GED or an Adult High School program?

- Yes
- No

If **yes**, year completed: _____

Have you earned an AA Degree?

- Yes
- No

Have you ever received an Opportunity Grant before?

- Yes
- No

Is DigiPen Institute of Technology your FIRST college experience?

- Yes
- No

If **no**, what other colleges have you attended, including dates?

How many credits are you taking **this** semester? _____

Support Needs:

How can the Opportunity Grant best support your educational goals? Check all that apply:

- Academic Advising
- Financial Aid Advising
- Mentoring
- College Skills Assessment
- Career Development/Counseling
- Personal Counseling/Support
- Basic Skills Support
- Cultural Activities
- Tutoring
- Study Skills
- Other: _____

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Personal Statement

Please attach your personal statement. Address the statement to the Opportunity Grant Program Committee. Explain/Describe your purpose, objective, and motivation for success here at DigiPen and why you should be the recipient of this grant. In addition, answer the following questions (one page maximum):

1. What are your academic/educational goals at DigiPen Institute of Technology?
2. What are a few of the barriers you are facing that may prevent you from reaching your educational goals?
3. What experiences and skills that you have or possess that will help you succeed in your program of study? What kind of work do you enjoy doing?
4. What other kinds of support, both within and outside DigiPen, do you have?

Affidavit of truth statement and release of information

The information provided on this form is, to the best of my knowledge, accurate and true. I understand that by applying for an Opportunity Grant, I authorize program staff to obtain and share records or data pertinent to my Opportunity Grant Program participation from other offices and / or the Washington State Board of Community and Technical College. I understand that all information provided will be protected as confidential, unless there is an active situation of child abuse, suicidal behavior, or threatened harm to another individual.

In addition, I understand that participation in the Opportunity Grant requires access to my student records. I approve release of my grades, transcripts, financial aid information, test results and any other information related to my educational endeavors to the Opportunity Grant Program with the assurance that the information will be held in the strictest confidence.

Signature: _____

Date: _____